



American
Board of
Psychiatry and
Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

2007

Information for Applicants

Initial Certification

in Psychiatry

and the Subspecialties of

Addiction Psychiatry

Child and Adolescent Psychiatry

Clinical Neurophysiology

Forensic Psychiatry

Geriatric Psychiatry

Pain Medicine

Psychosomatic Medicine

Sleep Medicine

The information contained in this booklet supercedes the information in all previously published booklets concerning Board requirements, policies, and procedures.

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2007 Fee Schedule*

(Effective for initial certification examinations beginning in March 2007)

Fees for Initial Certification	Psychiatry	Child and Adolescent Psychiatry (CAP)
Part I application fee	\$ 700	\$ 775
Part I examination fee	\$ 950	\$ 950
Total Part I fees	\$1,650	\$1,725
Part I reexamination fee**	\$ 950	\$ 950
Part II examination fee	\$1,775	\$2,275
Part II reexamination fee**	\$1,775	\$1,900 (1 section) \$2,275 (2 sections)
Part II feedback fee	\$ 100	\$ 100
Part II appeal fee***		
One section	\$ 750	\$ 750
Two or three sections	\$1,000	\$1,000

Fees for Initial Certification computer-administered examinations	Subspecialties (except CAP)
Subspecialties application fee	\$ 850
Subspecialties examination fee	\$1,275
Total subspecialties fees	\$2,125
Reexamination fee** (<i>except Psychiatry and CAP</i>)	\$1,275

Other Fees for Initial Certification in a Specialty or Subspecialty

Late application fee [†]	\$ 500
Reexamination late fee [†] (<i>except Psychiatry and CAP</i>)	\$ 500
Rescheduling fee (computer-administered exams)	\$ 300
Rejection of Credentials appeal fee***	\$ 350
Irregular behavior appeal fee***	\$ 350
Application for testing accommodations appeal fee***	\$ 350
Duplicate certificate fee	\$ 150
Returned check charge / declined credit card fee	\$ 50

*All fees must be submitted in U.S. currency.

**Reexamination fees are in addition to any appeal fees.

***Appeal fees are refundable if the decision is in the appellant's favor.

[†] in addition to other fees

Please Note:

- The ABPN reserves the right to revise fee schedules at any time.
- Throughout this publication, the American Board of Psychiatry and Neurology, Inc., may be referred to as "the Board" or as "ABPN."

*Initial Certification in Psychiatry and the Subspecialties
Pertaining only to the 2007 examination date choices listed below.*

Deadlines

<u>Examination</u>	<u>Date Choices</u>	<u>Application Deadline</u>	<u>Late Deadline*</u>
Psychiatry Part I	October 29-November 2, November 5-9, November 12-16, 2007	February 1, 2007	March 1, 2007

(Please contact the Board office if you have not received a reexamination billing statement by February 15, 2007.)

Child and Adolescent Psychiatry (Part I)	June 4-8, 2007	November 1, 2006	December 1, 2006
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Child and Adolescent Psychiatry (Part II)	November 16-18, 2007		
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Residency training must be completed by	<u>Deadline</u> June 30, 2007
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Written confirmation of completion of training must be received in the Board office by	July 15, 2007
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Reexamination fee	Board will notify candidates
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Receipt of unrestricted medical license (for psychiatry Part I only)	December 15, 2007
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<u>Subspecialty Examination</u>	<u>Date Choices</u>	<u>Application Deadline</u>	<u>Late Deadline*</u>
Forensic Psychiatry	April 23-27, 2007	October 1, 2006	November 1, 2006

Clinical Neurophysiology	May 14-18, 2007	October 1, 2006	November 1, 2006
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Pain Medicine	September 15, 2007	January 2, 2007	February 1, 2007
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Sleep Medicine	November 15, 2007	June 1, 2007	July 1, 2007
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Addiction Psychiatry, Geriatric Psychiatry, and Psychosomatic Medicine examinations are not offered in 2007, but will be offered in 2008.

**Late Application Deadline Fee Required*

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Note: Initial certification examinations in the subspecialties of addiction psychiatry, geriatric psychiatry and psychosomatic medicine are not offered in 2007, but will be offered in 2008.

Information on initial certification and maintenance of certification for psychiatry, neurology, and neurology with special qualification in child neurology, subspecialties, examination schedules, and other important information can be found on the ABPN web site at:

www.abpn.com

Section I

General Information, Policies, and Procedures

A. Introduction

1. History

The American Board of Psychiatry and Neurology, Inc. (ABPN), the Board, is a nonprofit corporation that was founded in 1934 following conferences of committees appointed by the American Psychiatric Association, the American Neurological Association, and the then Section on Nervous and Mental Diseases of the American Medical Association. This action was taken as a method of identifying qualified specialists in psychiatry and neurology.

2. Mission Statement

The mission of the American Board of Psychiatry and Neurology, Inc., is to serve the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification and maintenance of certification processes.

Methods for achieving that goal include (but are not limited to) efforts to:

- a) Describe, in terms of knowledge and skills, a physician with special expertise in evaluation, diagnosis, and treatment of patients with psychiatric and/or neurologic disorders or who require psychiatric and/or neurologic assessment.
- b) Set the standards for knowledge and skills required for certification.
- c) Construct and administer examinations designed to evaluate required knowledge and skills.
- d) Monitor, evaluate, and improve the standards and procedures of the certification process.
- e) Participate in the appropriate Residency Review Committees of the Accreditation Council for Graduate Medical Education (ACGME) to set standards for the quality and scope of residency training programs to ensure that their graduates will obtain necessary training credit toward certification.
- f) Issue certificates and other forms of recognition to successful candidates.
- g) Make lists available of diplomates who have fulfilled the requirements for certification.
- h) Inform the public, other professions, and other medical

organizations of the purposes, activities, and responsibilities of the Corporation.

- i) Participate in the activities of the American Board of Medical Specialties (ABMS) and its member Boards.

3. Composition of the Board

The Board consists of 16 voting members. The nominating organizations for psychiatry are the American College of Psychiatrists, the American Medical Association, and the American Psychiatric Association; for neurology, they are the American Academy of Neurology and the American Neurological Association. Each of these organizations proposes nominees to serve on the Board, but the Board itself selects its members. The Board is independently incorporated.

Elections to fill the places of members whose terms have expired take place annually. Neurology and psychiatry are always represented equally on the Board. The Board holds meetings several times each year for the purpose of examining candidates and transacting business.

4. Conflict of Interest

To maintain the confidence of the public and the medical profession in the integrity of the Board, it is important for those doing its work to avoid certain activities that could provide opportunity for a conflict of interest or the appearance thereof. A conflict of interest is defined as an instance wherein a competing outside activity or holding could influence or appear to influence the Board's activities in the area of policy development, evaluation of training programs, or examination development. Examples of such competing outside interests are compensated direct employment, paid advisory or consultant positions, significant personal investments, or other affiliations as an officer and/or director in a pharmaceutical or medical supply company.

As an alternative to regulating investment or employment, the Board has chosen to manage matters related to the appearance of a conflict of interest by encouraging disclosure of significant financial interests or relationships and abstention from participation in decision-making related to a matter that could give rise to a conflict of interest (due to a material financial interest or relationship).

Annually, Board members, test committee members, written examination proctors, the Executive Vice President, and staff

members of the Board are required to complete a form disclosing the following general information:

- a) License restrictions to practice medicine.
- b) Participation in board review courses or publication of materials in any media format, including the Internet, regarding board review in psychiatry, neurology, or any of the subspecialties.
- c) Significant financial holdings in any pharmaceutical or medical supply company.
- d) An affiliation in the capacity of trustee, officer, director, or other major capacity with any pharmaceutical or medical supply company.
- e) Any other affiliations that would present a potential or apparent conflict of interest or commitment.

Any individual who participates in any review course that is publicized as being a board review course, or in any course that could be construed as a board review course, or who has edited or provided written or audiovisual materials for publications identified as preparation for Board examinations, or who copies, reproduces, or discloses examination materials or content should not participate as an examiner in any oral examination, as a proctor in any written examination, or as a member of any Board committee for at least 12 months subsequent to the course or publication of any written or audiovisual materials.

All ABPN examiners are diplomates of the ABPN.

5. Certificates and Examinations

The Board currently issues certificates for the following **specialties**:

- Psychiatry
- Neurology
- Neurology with Special Qualification in Child Neurology

The Board also currently issues certificates for the following **subspecialties**:

- Addiction Psychiatry
- Child and Adolescent Psychiatry
- Clinical Neurophysiology
- Forensic Psychiatry
- Geriatric Psychiatry
- Neurodevelopmental Disabilities
- Neuromuscular Medicine (2008)
- Pain Medicine
- Psychosomatic Medicine

- Sleep Medicine (2007)
- Vascular Neurology

A physician may be certified in more than one area and will receive a separate certificate for each area in which he or she qualifies. Each certificate shall be in such form and for such period of time as specified by the Board.

The purpose of the ABPN's initial certification examinations is to test the qualifications of candidates in psychiatry, neurology, or both. As these medical disciplines constitute part of the broad field of general medicine, the Board requires proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he or she seeks. Each examination shall cover such subjects as the Board may determine.

Computer-administered initial certification examinations:

Initial Certification in the Specialty of Psychiatry - Part I

Initial Certification in the Specialty of Neurology - Part I

Initial Certification in the Specialty of Neurology with Special Qualification in Child Neurology - Part I

Initial Certification in the Subspecialty of Child and Adolescent Psychiatry (CAP) - Part I

Initial Certification in the Subspecialty of Addiction Psychiatry

Initial Certification in the Subspecialty of Clinical Neurophysiology

Initial Certification in the Subspecialty of Forensic Psychiatry

Initial Certification in the Subspecialty of Geriatric Psychiatry

Initial Certification in the Subspecialty of Neurodevelopmental Disabilities

Initial Certification in the Subspecialty of Neuromuscular Medicine (first examination anticipated for spring 2008)

Initial Certification in the Subspecialty of Pain Medicine (administered by the American Board of Anesthesiology)

Initial Certification in the Subspecialty of Psychosomatic Medicine

Initial Certification in the Subspecialty of Sleep Medicine (first examination scheduled for fall 2007, administered by the American Board of Internal Medicine)

Initial Certification in the Subspecialty of Vascular Neurology

Oral (Part II) examinations:

Initial Certification in the Specialty of Psychiatry - Part II

Initial Certification in the Specialty of Neurology - Part II

Initial Certification in the Specialty of Neurology with Special Qualification in Child Neurology - Part II

Initial Certification in the Subspecialty of Child and Adolescent Psychiatry (CAP) - Part II

Computer-administered maintenance of certification examinations:

Maintenance of Certification in the Specialty of Psychiatry

Maintenance of Certification in the Specialty of Neurology

Maintenance of Certification in the Specialty of Neurology with Special Qualification in Child Neurology

Maintenance of Certification in the Subspecialty of Child and Adolescent Psychiatry (CAP)

Maintenance of Certification in the Subspecialty of Addiction Psychiatry

Maintenance of Certification in the Subspecialty of Clinical Neurophysiology (EEG, EMG, and general)

Maintenance of Certification in the Subspecialty of Forensic Psychiatry

Maintenance of Certification in the Subspecialty of Geriatric Psychiatry

B. Rules and Regulations

In carrying out its specified functions, the Board has formulated rules and regulations to guide its activities and to communicate to applicants and other interested persons its policies regarding training requirements, examinations, fees, etc.

These rules and regulations are amended from time to time. The statements contained in this publication are the most recent amendments and represent the policies of the Board as of the date of this publication.

The Board has authority to periodically issue and thereafter to amend the rules and regulations relating to the issuance and revocation of certificates of qualification in the practice of psychiatry, neurology, child neurology, and the recognized subspecialties.

The Board may conduct examinations at such times and places as it deems appropriate. The Board reserves the right to limit the number of candidates admitted to any scheduled examination. The administration and grading of all examinations shall be at the sole discretion of the Board.

The ABPN uses the American Psychiatric Association (APA) *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* as the primary authority on psychiatric diagnostic nomenclature for its psychiatry examinations.

C. Licensure

Throughout the certification and maintenance of certification processes, physicians must hold an unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in more than one jurisdiction, all licenses held by the physician must meet this requirement, subject to the exceptions noted below.

An unrestricted medical license is a license to practice medicine that has been issued by an appropriate licensing board and contains no restrictions on the physician's privilege to practice professionally. Restrictions include, but are not limited to, revocation, suspension, condition, negotiated agreement, stipulation, probation, or contingency.

Subject to the exceptions noted below, certification shall continue in force only as long as the holder has an unrestricted medical license in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in more than one jurisdiction, all licenses held by the physician must meet this requirement. An unrestricted medical license must be maintained even if a physician is out of the country for extended periods of time.

A candidate in possession of any restricted medical license, even if the candidate also possesses an unrestricted license, will not be scheduled for examination, be issued a certificate, be authorized to be in possession of a certificate, or be allowed to represent himself or herself as an ABPN-certified physician.

It is the responsibility of the candidate/diplomate to inform the Board immediately upon a change in licensure status.

Exceptions:

- Restriction of a physician's medical license does not include voluntary participation in an impaired physicians' program or other appropriate, monitored alcohol or chemical substance-abuse recovery program if the physician has not been reported to either the National Practitioner Data Bank or the Data Bank of the Federation of State Medical Boards.
- Restriction of a physician's medical license does not include medical licenses that, when issued, are limited to a geographic area within a jurisdiction (e.g., practice limited to under-served areas) as long as such licenses are not in any way limited due to, because of, or by virtue of a disciplinary, legal, or administrative action against the license holder.

- At its sole discretion, the Board may review instances of diplomates who are in possession of an unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada, but who are also in possession of one or more restricted licenses, to determine whether such individuals meet the Board's licensure requirements or have automatically lost their diplomate status.
- Specialty Part I applicants who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for the Part I examination. However, such applicants must submit a copy of their unrestricted medical license showing the expiration date, no later than December 15 of the year in which they sat for the Part I examination. Applicants holding more than one license must submit a copy of each license.

Candidates who do not submit copies of their medical licenses showing the expiration dates by the December 15 deadline will not be scheduled for the Part II examination until the Board office receives copies of the candidate's medical licenses.

D. Maintenance of Certification (MOC) Program

As of October 1, 1994, all individuals achieving Board certification by the ABPN are issued ten-year, time-limited certificates. Certificates issued in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, neurodevelopmental disabilities, pain medicine, psychosomatic medicine, sleep medicine, and vascular neurology, including those issued prior to October 1, 1994, are ten-year, time-limited certificates. Time-limited certificates for child and adolescent psychiatry began in 1995. All ABPN time-limited certificates, regardless of their exact dates of issuance, are considered to expire ten years later on December 31.

Diplomates who are not recertified before their certificates expire are no longer Board-certified in that area of certification. Once a former diplomate completes the MOC program requirements, however, he or she may regain certification status.

Diplomates with certificates in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, pain medicine, psychosomatic medicine, and vascular neurology, must also maintain certification in their specialty in order to apply for maintenance of certification in the area of subspecialization. Diplomates in

neurodevelopmental disabilities must maintain certification in neurology with special qualification in child neurology. **If certification in the specialty lapses, certification in the subspecialty is no longer valid.**

Diplomates in child and adolescent psychiatry do not need to maintain current certification in general psychiatry for their subspecialty certification to remain valid and to maintain their certification in child and adolescent psychiatry. However, certification in general psychiatry is no longer valid unless diplomates also maintain certification in it.

There is no time limit on regaining certification status through the MOC program. It is the responsibility of diplomates to obtain application materials for MOC. *Information for Applicants* publications and applications are available to download at www.abpn.com.

E. Revocation of Certificates

The Board has the authority to revoke any certificate issued by it for cause or to place a certificate holder on probation for a fixed or indefinite period of time.

F. Board Eligibility

The ABPN, in accordance with the policy of the ABMS, does not recognize or use the term “Board eligible” and does not issue statements concerning “Board eligibility.” The Board informs an applicant of admissibility to examination only when the applicant has an active, approved application on file in the Board office.

G. Review Courses

The Board does not endorse or recommend any texts or other teaching aids identified as “board-preparation” material. Furthermore, neither the Board nor any of its committees has any affiliation with or responsibility for programs identifying themselves as “board review courses.”

H. Cancellation Policy

The Board is not liable for candidate travel and/or other related expenses incurred as a result of the cancellation of an examination.

I. Verbal Complaints

General questions about requirements and logistics of ABPN examinations may be asked of ABPN staff by telephone or on-site. Verbal complaints to staff, directors, proctors, or examiners that continue after

explanation of ABPN policy may rise to the level of harassment which may be considered irregular behavior. (See Section I. K.). At no time should a candidate discuss the administration or the grading of an examination with the examiners or proctors.

J. Policy for Applicants with Disabilities and Qualifications for Testing Accommodations

General Information

The Board recognizes that physicians with disabilities may wish to take the examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the Americans with Disabilities Act (ADA). The Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded, however, that “auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test” (Americans with Disabilities Act, Public Law 101-336 §309 [b][3]). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Documentation requesting reasonable accommodations must identify the disability and provide a rationale for specified modifications to standard testing procedures.

Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted to the Board no later than 30 days after the deadline for filing an application for examination. Required documentation includes completion of the *Application for Testing Accommodations* and appropriate checklists.

Candidates seeking disability accommodations should download the appropriate application from the Publications-Forms section of the ABPN web site, www.abpn.com, or should contact the Board office (847-945-7900) immediately for an application.

Applicants for reexaminations requesting accommodations **must** check the box provided on the billing statement and comply with all requirements regardless of previous requests and/or granted accommodations. Documentation of a disability and a completed *Application for Testing Accommodations* is required no later than 30 days after the fee due date on the billing statement in order to be considered for special examination assistance or test modification.

If the Board deems it necessary, an independent assessment may be requested at the expense of the Board. Documentation and other evidence substantiating the disability includes, but is not limited to, each of the following:

- A report diagnosing the applicant's disability written by a professional appropriately qualified to evaluate the disability. The report must be printed on the certified examiner's letterhead, with the examiner's credentials, address, and telephone number given in the letterhead or title. The report must include the candidate's name, date of birth, and date of testing, and it must be signed by the examiner.
- A history of the disability, including previous settings in which accommodations have been granted. Having had prior accommodations granted does not necessarily influence the decision of the Board to grant or deny a current request for accommodation. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.
- Diagnostic information about the specified disability using standard nomenclature from sources such as the *International Classification of Diseases (ICD)* and the *APA Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*.
- Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is important to the Board's evaluation of the request.

Review of Documentation

A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked "ADA Materials" and mailed to the attention of the Executive Vice President at the Board office.

Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied. (*See Section I. L. for the Appeals Procedures.*)

K. Policy on Irregular Behavior Including Unethical Behavior of Candidates

The Board believes that the ethics of candidates for certification are of concern. The following rules apply:

1. Falsification of credentials will be cause for the Board's refusal to admit a candidate to examination for up to five years.
2. The Board will consider legal action against anyone who forges an ABPN certificate, copies an ABPN examination, or otherwise uses them in conflict with copyright laws or in any other way violates the legal prerogatives of the Board. Such activities will be cause for the Board's refusal to admit a candidate to examination for up to five years.
3. Scores on examinations (computer and/or oral) may be invalidated for reasons of irregular behavior. Statistical analyses may be used to confirm suspected cheating. If an examination score is invalidated, the candidate may submit a written appeal within 30 days of notice of invalidation. (*See Section I. L. for the appeal procedure.*) If an examination score is invalidated because of irregular behavior, the Board will not consider the candidate for examination for a period of up to five years, depending on the irregular behavior. A new application form, a current application fee and an examination fee will be required.
4. Irregular behavior shall include, but not be limited to, the following conduct:
 - a) copying answers from another candidate's examination;
 - b) knowingly permitting another candidate to copy one's answers on an examination;
 - c) unauthorized possession, reproduction, or disclosure of examination materials or content, at any time;
 - d) use of audio equipment to record any part of an oral examination;
 - e) offering any financial or other benefit to any director, officer, employee, proctor, diplomate, or other agent or representative of the Board in return for any right, privilege, or benefit that is not granted by the Board to other similarly situated candidates or persons;
 - f) not complying with proctors' or examiners' instructions;
 - g) disregarding time limits;

h) bringing food, drink, cellular phones, pagers, or other electronic devices, books, study materials, personal belongings, or other prohibited material into an examination room;

i) making telephone calls during an examination; and

j) any other form of disruptive behavior, including repeated or excessive verbal complaints

5. Notification of the Board's action may be sent to legitimately interested third parties, including the American Medical Association, state medical societies, medical licensing boards, and appropriate specialty societies.

L. Appeals Procedures

The Board provides applicants appeals procedures for certain negative determinations. Specifically, a candidate may appeal:

- The *rejection of credentials for admission* to an examination (See subsection 1, below)
- Invalidation of an examination score due to *irregular behavior* (See subsection 1, below)
- The *denial of a request for disability accommodations* (See subsection 1, below)
- A failing grade on a computer-based examination or the Part II examination *due to a compromise in the administration* of the examination (See subsection 2, below)

1. Appeal Procedures for Rejection of Credentials, Invalidation of Examination Score Due to Irregular Behavior, and Denial of a Request for Disability Accommodations

An applicant who has submitted a formal application and receives a negative determination regarding the application, whose examination scores are invalidated because of irregular behavior or whose request for disability accommodations was denied may appeal the decision by submitting the following materials to the Executive Vice President at the Board office

- A written request for a formal appeal
- The applicable appeal fee (See inside front cover.)
- Additional written information that supports the appeal

The appeal materials *must* be sent in a single mailing that is post-marked *within 30 days* of the date indicated on the letter of negative determination.

The materials are sent to the respective Appeals Committee, which reviews the materials, deliberates, and makes a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the candidate.

If the appeal is granted, the appeal fee will be returned to the candidate.

2. **Appeal Procedures for Computer-based or Part II Examination Failing Grades Due to the *Administration* of the Examination**

A candidate who believes that there was a *compromise in the administration* of the examination may choose to *appeal* a negative determination. A failing grade on a computer-based examination or the Part II examination is considered a negative determination.

Appeals are limited to a review of an alleged compromise in the administration of the examination. Specifically, that the examination was administered in a manner that was atypical or did not meet the Board's guidelines. (e.g., less than the specified time allotted for the examination was provided). *An appeal does not result in a review of a candidate's performance on an examination.*

An appeal will never reverse a negative determination of an examination. Rather, a successful appeal will result in the challenged section being invalidated and the candidate being rescheduled to sit for the invalidated section at the next available examination.

A candidate who believes that there was a compromise in the administration of the examination may choose to appeal a negative determination by submitting the following materials to the Executive Vice President at the Board office:

- A written request for a formal appeal of the negative determination
- The applicable appeal fee (*See inside front cover.*)
- Additional written information in support of the appeal

For Appeals of Negative Determinations on a Computer-based Examination:

The appeal materials must be sent in a single mailing that is post-marked *within 30 days* of the date indicated on the letter of negative determination.

For Appeals of Negative Determinations on a Part II Examination:
The appeal materials must be sent in a single mailing that is post-marked ***within 60 days*** of the date indicated on the letter of negative determination.

The materials are sent to the respective Appeals Committee, which reviews the materials, deliberates, and makes a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the candidate.

If the appeal is granted, the appeal fee will be returned to the candidate, the score for the challenged section will be invalidated, and the candidate will be rescheduled to sit for the invalidated section at the next available examination.

M. Request for Feedback on Negative Determinations of Part II Examinations

A failing grade on a Part II examination is considered a negative determination.

A request for feedback ***is not an appeal of the negative determination and will not reverse a negative determination.*** (for Appeals, see section I. L. above). Rather, a request for feedback is a procedure by which a candidate may receive certain delimited information regarding the candidate's Part II examination performance.

A candidate who receives a negative determination may request feedback by submitting the following materials to the Executive Vice President at the Board office:

- A letter requesting feedback on his/her Part II examination
- The applicable feedback fee (*See inside front cover.*)

The request for feedback must be postmarked within 30 days of the date indicated on the letter of negative determination.

For **psychiatry patient section**, feedback shall consist of a checklist indicating results for each subcategory. For **psychiatry vignette section**, feedback shall indicate the number of vignettes not passed. ***No other information will be provided as feedback.***

For **CAP Part II**, feedback shall consist of a checklist indicating results for each subcategory. ***No other information will be provided as feedback.***

For **neurology and neurology with special qualification in child neurology**, feedback for the patient section shall consist of a checklist indicating results for each subcategory. For **neurology and neurology with special qualification in child neurology**, feedback for the vignette section shall indicate the number of vignettes not passed. *No other information will be provided as feedback.*

N. Procedure Regarding Medical or Other Emergencies

Candidates who are unable to sit for their scheduled, ABPN computer-administered* examination due to a medical or other emergency should submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board will then evaluate the documentation and determine whether the absence is excusable. If the absence is determined excusable, the candidate is rescheduled for the next ABPN computer-administered examination and the examination fee will be transferred. Such candidates may be responsible for paying any difference in the examination fee and/or a rescheduling fee. (*See inside front cover.*) *Note: *The pain medicine examination is administered by the ABA. The sleep medicine examination will be administered by the ABIM.*

O. Grade Letters and Certificate Mailings

1. Grade letters

After completion of the specialty Part I or subspecialty computer-administered examinations, the Executive Vice President of the Board notifies the candidates of the results in writing no later than 8 weeks from the last date of the testing range.

Results for Specialty Part II and CAP Part II are mailed approximately 4 to 6 weeks after the Part II examination. The Board sends the names of all those achieving certification, or renewal of certification through the MOC program, to the ABMS for publication.

2. Certificates

Successful candidates receive their certificates within 10 weeks of receiving their grade letters. It is the candidate's responsibility to notify the Board office, in writing, if he or she does not receive the certificate within the time frame specified in the grade letter. If a candidate does not submit a written notification, the candidate must request a dupli-

cate certificate and pay the appropriate fee. (*See inside front cover.*)

3. Duplicate certificates

Photocopies of Board certificates are not available.

Requests for duplicates of ABPN certificates must include: the diplomate's name, address, phone number, birth date, signature, and indication of how the diplomate wants his or her name printed on the certificate. The diplomate must include;

- a) a copy of each current unrestricted medical license held, showing the expiration date;
- b) for security purposes, a copy of government-issued photo identification, such as a driver's license or passport;
- c) the appropriate fee. (*See inside front cover.*)

NOTE: For any name changes on a certificate, the diplomate must submit certified, legal documentation (marriage license, name change determination, etc.) to the Board office.

A form for requesting a duplicate certificate may be obtained from the forms section of the ABPN web site, www.abpn.com. Certificates are printed approximately four times per year. Depending on when a duplicate certificate is requested, it may be four to six months until the diplomate receives the duplicate certificate.

Section II

Requirements for Admission to Specialty and Subspecialty Examinations

A. General Requirements for All Applicants

To qualify to sit for examination, an applicant must:

1. Be a graduate of an accredited medical school in the United States or Canada or of an international medical school listed by the World Health Organization.
2. Have a medical license as defined in Section I.C above. Applicants are required to submit a copy of their medical licenses showing the expiration date with their applications. ** If more than one medical license is held, a copy of each license is required.*

Applicants for specialty Part I examinations who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for the specialty Part I examination. However, such applicants **must submit a copy of their medical licenses showing the expiration date no later than December 15 of the year in which they sat for the Part I examination.*

3. Have satisfactorily completed the Board's specialized training requirements in psychiatry, neurology, child neurology, or any of the subspecialties. Training requirements for the specialties and subspecialties are described in the sections that follow.
4. Submit a completed official application form including all required attachments and the appropriate application and examination fees by the specified deadlines. *(See the inside front cover for the fee schedule. See the following sections for a complete description of the application processes.)* **Only applications submitted on the current application form are accepted. Faxed copies of applications are not accepted.**

B. Specific Requirements for Subspecialties

Additionally, to qualify to sit for the initial certification examinations in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, or psychosomatic medicine, an applicant must:

1. Have met all licensing and training requirements by June 30 of the year prior to the examination.
2. Be certified by the Board in psychiatry, by February 1 prior to the examination administration.

Additionally, to qualify to sit for the child and adolescent psychiatry subspecialty examination, an applicant must:

1. Be certified by the Board in psychiatry, no later than February 1 of the year in which the child and adolescent psychiatry examination is to be administered.
2. During the child and adolescent psychiatry certification process, applicants must at all times continue to meet all ABPN requirements for certification in general psychiatry.
3. Have met all the licensing and training requirements by June 30 of the year of the Child and Adolescent Psychiatry examination.

Additionally, to qualify to sit for the pain medicine subspecialty examination, an applicant must:

1. Be certified by the Board in psychiatry, no later than February 1 of the year of the examination, and maintain certification in a specialty of the ABPN or another ABMS member board other than the ABA or the ABPMR.
2. Submit a letter from the respective ABMS member board verifying certification by that board and granting permission for the applicant to sit for the pain medicine examination if the diplomate's primary certification is with a board other than the ABPN.
NOTE: ABA and ABPMR diplomates must apply through their respective boards.
3. Have met all the licensing and training requirements by June 30 of the year of the Pain Medicine examination.

NOTE: The ABPN grandfathering policy for subspecialty certification in addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, and psychosomatic medicine has been revised. Previously the policy stated that when the grandfathering period had ended, any candidate applying or reapplying for examination was required to complete one year of ACGME-accredited training in the subspecialty in order to qualify for examination. The revised policy allows any candidate who was accepted for examination by the ABPN during the grandfathering period to reapply for examination until the candidate has passed the examination for the subspecialty. Candidates have two consecutive opportunities to pass the examination on each application.

C. Initial Certification in the Specialty of Psychiatry and the Subspecialty of Child and Adolescent Psychiatry Examinations

To become Board certified in either Psychiatry or Child and Adolescent Psychiatry, candidates must pass both the Part I and Part II examinations. To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the Part I examination is valid for a period of six years or three opportunities to pass the Part II examination, whichever comes first. Candidates will be scheduled for examination and reexamination, if necessary, until they have exhausted their opportunities. The Board anticipates that the three opportunities will not take the maximum of six years. Candidates who are unsuccessful in the Part II examination during the allotted time period will be required to reapply for the Part I examination by submitting a new application form, copies of all medical licenses held, showing expiration date, and payment of the current application fee and examination fee.

Successful completion of the specialty Part I examination is required of candidates seeking certification in psychiatry, neurology, or neurology with special qualification in child neurology. To successfully complete the Part I examination, a candidate must pass both the psychiatry and neurology sections of the examination at the same administration, before such candidates will be scheduled for the specialty Part II oral examination.

Successful completion of the CAP Part I examination is required of candidates seeking certification in child and adolescent psychiatry prior to scheduling for CAP Part II.

Currently, there is no limit on the number of times an applicant may apply to take the Part I examination for psychiatry or the subspecialty of child and adolescent psychiatry.

D. Computer-Administered Examination Procedures

Note: ADA candidates will receive individual registration and examination materials.

Note: Candidates for Initial Certification in Pain Medicine should contact the ABA directly for registration information

Approximately two to three months prior to the examination, a notice describing registration procedures and deadlines is mailed to candi-

dates whose applications have been accepted. Upon receipt of this notice, candidates are urged to contact Pearson VUE as soon as the registration process opens to schedule an appointment for the examination. A delay in contacting Pearson VUE can result in fewer available openings for the examination.

Candidates are required to present two current (not expired) forms of identification, including one government-issued photo identification, upon arrival at the testing center. Government-issued photo identification includes military IDs, passports, driver's licenses, and state IDs. Both forms of identification must include signatures. In addition, one form of identification must include a recent photograph of the candidate. The name on the government-issued identification must match the name on the candidate's application for examination.

Note: Pain Medicine candidates see Section X for specific requirements.

If the name that the candidate uses on the application is different than the name that appears on the identification, certified, legal documentation (marriage license, name change determination, etc.) verifying the name change must also be presented.* Failure to comply with these requirements may result in the candidate's inability to gain admission to the examination.

***Prior to the date of the examination, candidates must contact the Board office regarding any name or address changes. Certified, legal documentation verifying the name change must be provided to the Board office.**

Candidates may NOT bring food, drink, cellular phones, pagers, other electronic devices, books, study materials, or other personal belongings including watches and wallets into the examination room. A secure locker is available to store personal items. Candidates may not make telephone calls during an examination. Bringing prohibited items into the testing center or making telephone calls during an examination constitutes irregular behavior and may be cause for invalidation of examination results. (See Section I. K.)

Candidates are photographed and required to provide an electronic signature at the computer test centers. These data are stored electronically. For security purposes, candidates are also electronically fingerprinted each time they enter or leave the computer test center.

Candidates are observed at all times while taking the examination. This observation includes direct monitoring by testing center staff, as well as video and audio recording of the examination session.

Candidates are required to sit for the examination for which they have

applied. Candidates who fail to do so are required to reapply by submitting a new application form, copies of all medical licenses held, and the application fee and the examination fee.

NOTE: Candidates may not withdraw from Psychiatry Part I or CAP Part I examinations, and fees are not refundable.

Withdrawing from an Examination in Addiction Psychiatry, Clinical Neurophysiology, Geriatric Psychiatry, Forensic Psychiatry, or Psychosomatic Medicine:

The examination fee may be refunded to candidates withdrawing from an examination, provided the Executive Vice President of the Board is notified in writing no less than two months prior to the first date of the date range for the examination. Failure to notify the Board in writing no less than two months prior to the first date of the date range for the examination results in forfeiture of the examination fees. Application fees are not refunded for any reason.

Withdrawing from an Examination in Pain Medicine:

The application fee will not be refunded under any circumstances. The examination fee will be refunded to applicants who withdraw from the examination, in writing, by May 1, 2007. Fees will not be refunded if the applicant withdraws after May 1, 2007, or does not appear for the examination.

Unable to sit for an examination on the scheduled date:

Candidates who are unable to sit for the examination on the date they scheduled must first contact Pearson VUE no less than 24 hours in advance to reschedule the examination. If Pearson VUE is unable to reschedule the examination date, candidates should then contact the Board office to determine the availability of rescheduling opportunities. Candidates may be rescheduled, provided there is still an opening in the testing date range. If there is no other date available, they must sit for the originally scheduled date or forfeit their fees.

Unable to sit for a scheduled examination due to a medical or other emergency: See Section I. N.

Candidates who fail an initial specialty Part I or an initial subspecialty examination:

Candidates who fail the initial specialty Part I examination or initial subspecialty examination may pay a reexamination fee (*See inside front cover.*), and repeat the examination at the next available administration.

A failing score on the initial examination is considered a negative determination. Two negative determinations on the Psychiatry Part I, CAP

Part I, or subspecialty* examination necessitate reapplication (a new application form, copies of all medical licenses held, and payment of the current application fee and examination fee). **except pain medicine candidates who are allowed three negative determinations before reapplication.*

Candidates who do not sit for reexamination as scheduled are also required to submit a new application, copies of their medical licenses, and payment of the current application fee and examination fee. Candidates applying for reexamination do not need to include another copy of their PGY-1, residency, or subspecialty documentation.

E. Psychiatry Part II Oral Examination Procedures

1. Assignment, fees and scheduling:

To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the Psychiatry Part I examination is valid for a period of six years or three opportunities to complete the Psychiatry Part II examination successfully, whichever comes first.

Candidates who pass Part I receive a notice of assignment to a Part II examination with a billing statement for the required examination fee. Scheduling for the Psychiatry Part II examination is done on a regional basis whenever feasible.

Candidates must sign a statement that they possess a current, unrestricted licenses to practice medicine in a state, commonwealth, territory, or possession of the United States or province of Canada that complies with the requirements outlined in Section I. C. Candidates who do not submit copies of their licenses or who submitted a temporary (education or training) medical license at the time of application for Part I are required to submit copies of their unrestricted licenses showing the expiration dates by December 15 of the year in which they sit for the Part I examination. **Candidates who do not submit copies of their medical licenses by this deadline will not be scheduled for the Part II examination until the Board office receives copies of the candidate's medical licenses.** (*See Section I.C. for licensure information.*)

Approximately eight weeks prior to the date of the assigned Part II examination, candidates receive informational materials and an admission notice specifying the date, time, and place to report for registration. Candidates are requested to report for registration only on the day and at the time indicated on the admission notice.

NOTE: Candidates may not withdraw from Psychiatry Part II or CAP Part II examinations, and fees are not refundable.

An unexcused absence counts as an opportunity to take the Part II examination.

Beginning with the May 2003 Part II examination, candidates who do not pay the Part II examination fee for their scheduled examination or reexamination by the deadline specified forfeit an opportunity to sit for the examination.

Candidates who decline or do not attend the Part II examination for which they are scheduled, unless excused*, forfeit an opportunity **and fees**. Such candidates are removed from the roster of candidates for that examination. **They are scheduled for the earliest Part II examination that has space available, which may not be the next consecutive Part II examination. Candidates may have to wait up to one year for an available examination slot. The Board consistently schedules candidates for an examination until they have exhausted or forfeited their three opportunities or exhausted the six years to pass the Part II examination.**

***Excused absences:**

Candidates who are unable to sit for a scheduled Part II examination due to a medical or other emergency should submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board will then evaluate the documentation and determine whether the absence is excusable. **If the absence is determined excusable, the Part II fees are transferred and such candidates are scheduled for the next Part II examination that has space available. Candidates may have to wait up to one year for an available examination slot. Candidates who are transferred to another examination are required to pay any fee increase in the Part II examination. (See inside front cover.) Candidates who do not pay this fee by the deadline specified will forfeit an opportunity and all fees.**

Wait list for an earlier examination:

Beginning with the May 2004 Part II examination, a wait list will be maintained in an effort to fill any vacant slots in the Part II examination cycle. Candidates may request placement on a wait list for a specific Part II examination. A written request must be submitted to the Board office along with the Part II fees.

Candidates are considered for a specific Part II examination based on the postmarked date on the written request. **No request will be considered until the Part II fees have been paid for the**

originally scheduled examination. Placement on the wait list does not guarantee seating at a specific examination.

Candidates reassigned to the requested Part II examination are notified in writing and are removed from the roster of the originally assigned Part II examination. **Candidates who do not sit for the reassigned Part II examination forfeit an opportunity and fees.** If the Board is unable to schedule candidates for a specific oral examination, such candidates must sit for the Part II examination originally assigned.

2. Required sections and reexamination:

Candidates must pass both sections of the Part II examination. Candidates who fail one or both sections of the examination must repeat both sections at each subsequently scheduled examination until both sections are passed at the same examination.

All candidates taking the Part II examination are required to be examined in all sections for which they are scheduled. If a candidate does not appear for a scheduled section of the examination, the examination results for sections taken are invalidated, fees are not refunded, and this counts as an opportunity to take the Part II examination.

Exceptions for candidates who are unable to sit for all sections of their scheduled Part II examination due to a medical or other emergency: If the Board classifies the absence as excusable, the examination results for the completed section are invalidated, and the fees are transferred or refunded. The examination does not count as an opportunity to take the Part II examination.

Candidates who fail Part II

Candidates who fail the Part II examination are scheduled for the next Part II examination **that has available space** as long as they pay the reexamination fees and have not exhausted or forfeited their three opportunities or exhausted the six years to pass the examination.

Candidates who are unsuccessful in allotted time period

Candidates who are unsuccessful in the Part II examination during the allotted time period (six years or three opportunities, whichever comes first) are required to retake the Part I examination. These candidates must request and submit a new Part I application form and the current Part I application fee and examination fee.

F. Child and Adolescent Psychiatry Part II Oral Examination Procedures

Examination Procedures in Effect for 2006

1. Assignment, fees, and scheduling

A passing grade on the CAP Part I computer examination is valid for a period of six years or three opportunities to complete the CAP Part II oral examination successfully, whichever comes first. Candidates who successfully complete the computer examination receive a notice of assignment to the oral examination together with a billing statement for the required examination fee. The oral examination is administered annually in November.

Candidates who do not pay the fee for their scheduled examination or reexamination by the deadline specified forfeit an opportunity to sit for examination. Candidates who decline or do not attend the examination or reexamination for which they are scheduled, unless excused*, forfeit an opportunity and fees. Such candidates are removed from the roster of candidates for that examination. They are rescheduled for the next oral examination. The Board consistently schedules candidates for examination until they have exhausted or forfeited their three opportunities or exhausted the six years to pass the examination.

*Excused absences:

Candidates who are unable to sit for their scheduled oral examination due to a medical or other emergency should submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board evaluates the documentation and determines whether the absence is excusable. If the absence is determined excusable, the fees are transferred and such candidates are scheduled for the next examination. It does not count as an opportunity to take the oral examination.

Candidates who are transferred to another examination are required to pay any fee increase in the oral examination. Candidates who do not pay this fee by the deadline specified forfeit an opportunity and all fees.

2. Required sections and reexamination

Candidates are required to be examined in all sections for which they are scheduled. If a candidate does not appear for a scheduled section of the examination, the examination results for section(s) taken are invalidated, fees are not refunded, and this counts as an opportunity to take the oral examination.

Exceptions:

Candidates who are unable to sit *for all sections* of their scheduled Part II oral examination due to a medical or other emergency should submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board evaluates the documentation and determines whether the absence is exusable. If the Board classifies the absence as excusable, the results for the section(s) that were completed stand, and the grade for the section(s) not completed are recorded as "incomplete."

Fees are NOT refunded, and the examination counts as an opportunity to take the oral examination. Such candidates must retake the incomplete section at the next examination as scheduled and pay the appropriate reexamination fee.

Candidates who fail a section(s) of the CAP Part II examination

Candidates must repeat the section or sections failed at each subsequently scheduled examination until both sections of the oral examination are passed or until the candidate has exhausted or forfeited the three opportunities, or exhausted the six years to pass the examination.

Candidates who are unsuccessful in the allotted time period

Candidates who fail the CAP Part II oral examination during the allotted time period (six years or three opportunities, whichever comes first) are required to retake the CAP Part I examination. These candidates must request and submit a new child and adolescent psychiatry application form, and the current application fee and examination fee.

Examination Procedures for Candidates Who Applied or Reapplied Prior to 2006.

1. Assignment, fees and scheduling

Effective with the November 2002 child and adolescent psychiatry examination, a candidate has three opportunities to pass all three sections of the child and adolescent psychiatry examination, including the written examination and both sections of the oral examination.

Candidates who do not pay the fee for their scheduled examination or reexamination by the deadline specified forfeit an opportunity to sit for the examination. Candidates who decline or do not attend the examination or reexamination for which they are scheduled, unless excused*, forfeit an opportunity and fees. Such candidates are removed from the roster of candidates for that

examination. They are rescheduled for the next child and adolescent psychiatry examination. The Board consistently schedules candidates for an examination until they have exhausted or forfeited their three opportunities to pass the examination.

*Excused absences: Candidates who are unable to sit for their scheduled examination due to a medical or other emergency should submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board evaluates the documentation and determines whether the absence is excusable. If the absence is determined excusable, the fees are transferred, and such candidates are scheduled for the next examination. It does not count as an opportunity to take the child and adolescent psychiatry examination.

Candidates who are transferred to another examination are required to pay any fee increase for the examination. Candidates who do not pay this fee by the deadline specified forfeit an opportunity and all fees.

2. Required sections and reexamination

Candidates are required to be examined in all sections for which they are scheduled. If a candidate does not appear for a scheduled section of the examination, the examination results for sections taken are invalidated, fees are not refunded, and this counts as an opportunity to take the examination.

A candidate must repeat the section or sections failed at each subsequently scheduled examination until all three sections of the examination are passed or until the candidate has exhausted or forfeited all three opportunities.

A candidate who has not passed all three sections of the examination after three opportunities is required to request and submit a new application form, copy of his or her unrestricted licenses, and application and examination fees. In addition, the candidate is required to take all three sections of the examination.

Exceptions: Candidates who are unable to sit for all sections of their scheduled examination due to a medical or other emergency should submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board evaluates the documentation and determines whether the absence is excusable. If the absence is determined excusable, the results for the section(s) that were completed stand, and the grade for the section(s) not completed are recorded as "incomplete." Fees are **NOT** refunded and the examination counts as an opportunity to take the child and adolescent psychiatry examination. Such candidates will be required to retake the

incomplete section(s) at the next scheduled examination and pay any increase in examination fees.

G. Part II Oral Examinations Formats

Psychiatry Part II and the CAP Part II examinations include the examination of patients under the observation of one or more examiners. The manner of examining patients and the reasoning and deductions therefrom constitutes an important part of the examination. Knowledge of basic science principles, special diagnostic procedures, management recommendations, and assessment of risk are also essential aspects of the examination, which focuses on evaluation of clinical skills.

Candidates are expected to discuss their findings with their examiners. Questions frequently cover such areas as diagnosis, differential diagnosis, evaluation, treatment, prognosis, and management. Reference to the basic sciences of psychiatry and neurology may be made.

Note-taking is permitted during these examinations provided that only blank paper is used. ALL notes must be left in the examination room at the conclusion of the examination. Failure to adhere to this policy constitutes irregular behavior. (*See Section I. K.*) Notes are not used in the assignment of grades and are destroyed.

Candidates are required to bring government-issued photo identification with them to the examinations. They will be asked to present this ID at candidate registration. Government-issued photo IDs include military IDs, passports, valid driver's licenses, and state IDs. If the name on the admission slip is different than the name that appears on the photo ID, certified, legal documentation verifying the name change must also be presented.

Candidates may NOT bring food, drink, cellular phones, pagers, or other electronic devices, books, or study materials into the examination room. Candidates may not make telephone calls during an examination. Candidates may not speak to one another or confer with one another about any examination content. These actions may constitute irregular behavior and may be cause for invalidation of examination results. (*See Section I. K.*)

1. Psychiatry Part II Oral Examination

Psychiatry candidates take two sections:

- **One 1-hour examination in clinical psychiatry (patient)**

In the patient section, the psychiatry candidate is given approxi-

mately 30 minutes to examine a patient under the observation of one or more examiners. Following the examination of the patient, the discussion with the examiner(s), which is approximately 30 minutes in length, focuses on physician-patient interaction, conduct of the clinical examination, capacity to elicit clinical data, formulation, differential diagnosis and prognosis, therapeutic management, and knowledge of therapies. Additional questions may address the basic science of psychiatry.

- **One 1-hour examination in clinical psychiatry (vignette)**

The one-hour clinical vignette section will consist of four vignettes. Three vignettes are written cases and one is a short (approximately 4 to 5 minutes) video clip. Candidates will be examined by one or more examiners with particular reference to the content of the vignettes. These discussions may also include other clinical topics. All candidates in the examination cycle as of May 2006 will take the Part II examination in psychiatry in this format.

2. **Child and Adolescent Psychiatry Part II Oral Examination**

Child and Adolescent Psychiatry candidates take two sections:

- **A 75-minute oral examination on preschool/grade school-aged children**

The oral examination section covering preschool/grade school-aged children is given as one continuous examination lasting 75 minutes. During this time the candidate is presented with clinical cases of preschool and school-aged children on videotape or in written vignettes. Candidates are evaluated on their ability to observe and describe the most significant behaviors of the child and to determine the additional data needed to define the clinical situation and to formulate a differential diagnosis and treatment plan. The examiner(s) may also ask candidates questions about consultative and/or legal aspects of each case.

- **A 60-minute oral examination on adolescents**

The oral examination section covering adolescents includes the psychiatric examination of an adolescent under the observation of examiner(s). The manner and process of interviewing and the reasoning and deductions therefrom, including differential diagnosis and treatment plan, constitute an important part of the examination.

Section III

Application for Initial Certification in the Specialty of Psychiatry and the Subspecialties

A. General Information

Applicants seeking certification in psychiatry, or a subspecialty must complete, sign, and file with the Executive Vice President of the Board an application on the current official form together with the required supporting documents. The *Information for Applicants* publication and associated *Application for Initial Certification* are revised each year and may be downloaded from www.abpn.com or obtained from the Board office. **Only applications submitted on the current application form are accepted. Faxed copies of applications are not accepted.**

An acknowledgment mailer accompanies each application. This mailer, when stamped, self-addressed, and enclosed with the application, will be returned to the applicant as acknowledgment that the Board office has received the application. Once the mailer is returned to the applicant, it may take up to 16 weeks for the applicant to receive further information regarding the status of the application.

Applications are reviewed in the order of receipt. The number of spaces available for examinations may be limited. In the event that space limitations prevent a candidate from being accepted for examination, the candidate's application is held for the next examination.

Applicants who do not receive any notification from the Board regarding their applications should contact the Board office to inquire about the status of their application after the following dates:

- January 15, 2007, for subspecialties other than child and adolescent psychiatry,
- March 1, 2007, for child and adolescent psychiatry,
- July 1, 2007, for psychiatry

Applicants accepted for examination are notified via a mailing that includes a content outline indicating the broad areas to be tested and the percent of items assigned to each of the areas. Applicants denied admission to the examination are notified of their deficiencies in meeting the standards of the Board.

The 2007 Part I examinations and all subspecialty examinations are administered via computer, in a national network of computer test cen-

ters. Approximately two months prior to the first examination date, accepted candidates receive registration procedures and deadlines.

Applications remain active for two consecutive examinations only. **Note: applications for pain medicine are active for three consecutive examinations.** Candidates who fail to present themselves for the first scheduled examination following the date of acceptance of their applications are required to reapply by submitting a new application form, current application fee, and examination fee.

B. Deadlines and Fees

The deadlines for receipt in the Board office, of completed applications for examinations are listed at the front of this book. Applications received in the Board office after the application deadline must include a nonrefundable late fee (*See inside front cover.*), and must be received in the Board office by the late deadline listed. Applications received in the Board office after the late deadline will not be accepted and will be returned.

C. Completing the Application Form and Supporting Documentation

1. Select the Specialty of Psychiatry or a Subspecialty

Check the appropriate box to indicate the specialty or subspecialty in which you are seeking initial certification.

Note: Psychiatry diplomates seeking initial certification in a subspecialty must use the Application for Initial Certification in the Specialty of Psychiatry and the Subspecialties. Neurology, and child neurology diplomates seeking initial certification in a subspecialty must use the Application for Initial Certification for Neurology, Neurology with Special Qualification in Child Neurology and the Subspecialties.

2. Candidate Name

The name on the application **MUST** be identical to the name on the photo identification to be used at examination registration. If the name stated on the application is different from that on the photo identification, admittance to the computer testing center may be denied.

In addition, if the name on supporting documentation differs from the name provided on the application, certified, legal documentation (marriage license, name change determination, etc.) must be presented with the application. If the name changes at any time subsequent to submission of the application, certified,

legal documentation of the name change must be submitted to the Board office.

3. Social Security Number

Provide your social security number.

4. Mailing Address

This is an address at which the Board can contact you; therefore, do not use a temporary address. **Candidates are responsible for keeping the Board informed about any change of address.**

Address change information may be sent to the Board via mail, fax, or the ABPN web site, www.abpn.com.

5. Home or Cell and Office Telephone Numbers, Fax Number, and E-mail Address

Provide your home or cell phone number, primary office telephone number, fax number, and e-mail address. **Candidates are responsible for keeping the Board informed about any changes.** Change information may be sent to the Board via mail, fax, or the ABPN web site, www.abpn.com.

6. Date of Birth

Provide your birth date.

7. Primary Specialty Certification

Indicate the specialty certification if applying for initial certification in a subspecialty.

Note: If applying for initial certification in Pain Medicine from another ABMS Board, indicate which board granted your primary specialty certification, the month and year in which you were certified, your certificate number, and the date it expires. You must also submit a letter from your certifying board, if other than ABPN, verifying that you are a diplomate of the other board, and granting you permission to sit for the examination in pain medicine. ABA and ABPMR diplomates must apply through their respective boards for initial certification in pain medicine.

8. Medical Education

Include the complete name of each medical school attended. Include accurate and complete attendance and graduation dates for each school, as well as the degree received (MD, DO, etc.).

9. Licensure

All questions regarding licensure must be answered. Do not leave any blanks. In addition, enclose with the application a copy of either your unrestricted medical license or the current renewal registration card for your unrestricted medical license, **whichever shows the license expiration date.** *If more than one license is*

held, enclose with your application a copy of each license or renewal registration card. An applicant in possession of a restricted, suspended, or revoked medical license will not be accepted for any examination. (See Section I.C. for information on restrictions and exceptions.)

10. Previous Application and/or Application Under a Different Name

Indicate if you have previously applied to this Board for certification. If this application was under a different name, provide all previous names, and include appropriate certified, legal documentation (marriage license, name change determination, etc.) of the change. If your name changes at any time subsequent to the submission of this application, certified, legal documentation of the name change must be submitted to the Board office.

11. Other Applications on File

Indicate if you have other applications on file with the ABPN, and, if so, in what specialty or subspecialty. A candidate may not have more than one application for certification or recertification in the same specialty or subspecialty on file with the Board office at any one time. Candidates completing training both in psychiatry and in neurology or child neurology may apply to sit for both Part I examinations during the same administration. Candidates who intend to follow this examination pattern should contact the Board office for further information.

12. Request for Testing Accommodations Due to a Disability

Please check the box if applying for accommodations.
Please refer to Section I. J.

13. First Postgraduate Year (PGY-1)

Enclose with the application a letter of verification from the PGY-1 training director describing the exact length and content of rotations completed during the PGY-1. All documentation must **include exact dates (from month/day/year to month/day/year)** of training.

- If the PGY-1 was a full year of internal medicine, pediatrics, or family medicine, a photocopy of the certificate of completion, **including exact dates**, may be submitted in lieu of the letter from the PGY-1 training director.

Reapplicants Only:

- Reapplicants previously accepted for examination must complete the application; PGY-1 documentation is not required with this reapplication.
- PGY-1 documentation is not required for subspecialty applications

14. Residency Training

List all residency training in chronological order, beginning with the date you entered residency training. **Include exact dates** (from month/day/year to month/day/year), total months of credit, and whether the training was full- or part-time. Also enclose a copy of the certificate of training which includes the exact dates (from month/day/year to month/day/year), OR letters of verification of training from training director(s) which includes exact dates of training and the AMA program identification number of the residency program(s).

Reapplicants Only:

- Reapplicants previously accepted for examination must complete the application; residency documentation is not required with this reapplication.
- Candidates for subspecialty certification *must* submit this documentation

If you are still in training, a letter from the training director must be submitted **with the application** documenting that you are in the final year of training and that training will be completed by June 30, 2007. **This letter must include the date on which you started training and the anticipated completion date.**

Immediately after you have completed training, the training director must submit to the Board a letter verifying successful completion of training or a copy of the certificate of training. All documentation must **include exact dates** (from month/day/year to month/day/year) of training. If documentation of successful completion of training is not received in the Board office by July 15, 2007, the candidate may be removed from the Part I roster.

Candidates for initial certification in psychiatry who complete training after June 30, 2007, but no later than July 31, 2007, may submit a Part I application. The training director must submit a letter verifying successful completion of training to the Board by August 10, 2007. All documentation must **include exact dates** (from month/day/year to month/day/year) of training.

Applicants who complete training after July 31, 2007, will be denied an opportunity to sit for the 2007 Part I examination.

Candidates for initial certification in child and adolescent psychiatry are required to complete child and adolescent psychiatry training no later than June 30, 2007. If documentation of successful completion of training is not received in the Board office by

July 15, 2007, the results of the computer examination will not be released to the candidate and the candidate will not be scheduled for the CAP Part II examination until the Board has received verification of successful completion of training. Candidates whose documentation is received after the July 15, 2007, deadline may not be scheduled for the November 2007 Part II examination. Such candidates may have to wait until the following year for an available examination slot.

Due to the large volume of documentation that the Board office will receive on or before July 15, we ask that applicants **DO NOT CALL** to verify that the Board received documentation from their residency program. Applicants should check with their training director to confirm that documentation was sent to the Board office.

15. Fellowship Training

Check the box if you were admitted to the subspecialty examination (except pain medicine) during the grandfathering period. List all fellowship training in the subspecialty in which you are seeking certification in chronological order, beginning with the date you entered training. Include exact dates (from month/day/year to month/day/year), total months of credit, and whether the training was full or part time. Also enclose copies of the certificates of training (from month/day/year to month/day/year), OR letters of verification of training from training directors which include exact dates of training and the identification number of the residency programs.

16. Credit Card Payment Information

The ABPN accepts payment by Visa or MasterCard credit cards. If making payment via credit card, please fill in all requested information clearly and legibly. **The ABPN accepts no liability for misdirected or inaccurate information.** If the credit card is declined for payment, a fee will be applied. (See inside front cover for a complete list of fees.)

17. Application Statement

Read, sign, and date the application statement. Applications with altered or unsigned application statements are not accepted and are returned.

Section IV

Initial Certification in the Specialty of Psychiatry

A. History and Statement of Principles

See Section I. A.

B. General Training Requirements

References to “residency” refer to entry at the second year of postgraduate (PGY-2) training unless otherwise stated. Residency training must be in the specialty in which the applicant seeks certification, except for residents who are in an approved combined training program.

Training programs approved by the Residency Review Committees and accredited by the ACGME can be found in the current edition of the *Graduate Medical Education Directory* published by the American Medical Association. This directory includes the program requirements for residency education.

Training may be completed on a part-time basis, provided that it is no less than half-time.

Training programs may schedule individual leave or vacation time for residents in accordance with the overall institutional policy. Leave or vacation time may not be utilized to reduce the total amount of required residency training or to make up deficiencies in training.

Effective for residents entering residency training (PGY-2 in psychiatry) as of July 1, 2002: The 36 months of full-time specialized residency training must be completed in no more than two blocks. If completed in two blocks, the blocks must not be more than ten years apart.

C. Training in More Than One Residency Training Program

To ensure continuity of training, the Board requires that two of the three years of residency training, excluding the PGY-1, be spent in a single program. In addition, credit will not be given for less than one-year blocks of training, including the PGY-1. The ABPN Credentials Committee will consider exceptions to these rules only under extraordinary circumstances. In such cases, respective program directors should contact the Board office, in writing, **prior to the transfer**. The letters must outline the resident’s training content, duties, and responsibilities, including exact dates (month/day/year to month/day/year) of training, and indicate clearly that the resident will satisfy all ACGME program requirements as outlined in the *Graduate Medical Education Directory*.

Each case will be considered on an individual basis.

If the Credentials Committee approves the request, the Board will notify the program directors in writing. A copy of this letter should be given to the resident to submit with his or her Part I application. Residents who have not received prior approval from the Credentials Committee risk the possibility that the Board will deny their Part I applications.

When training is completed in more than one program, the training director of the first program should send the training director of the second program a letter detailing the training satisfactorily completed, including exact dates (month/day/year to month/day/year) of training, and areas of training that are deficient. After reviewing this documentation, the training director of the second program should inform the resident whether or not the second program will be able to provide the resident with the experience necessary to remove the deficits.

D. Specific Training Requirements

Unless otherwise specified, all training must be completed in programs accredited by the ACGME. (*See sections on Canadian and other international training below.*)

An applicant seeking admission to examination for certification in psychiatry must have satisfactorily completed an ACGME-accredited PGY-1 (*See below.*) and three full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME. Different requirements apply for applicants who began training in psychiatry prior to 1986. These candidates should call the Board office if they have any questions.

Two patterns of training are acceptable:

- 1. Three-Year Psychiatry Residency Program**

A broad-based clinical year of ACGME-accredited training in internal medicine, family medicine, or pediatrics; or an ACGME-accredited transitional year program that included a minimum of four months of primary care; or an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care.

AND

Three full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME.

OR

2. Four-Year Psychiatry Residency Program

Four years of training in an ACGME-accredited program in psychiatry is acceptable. A psychiatry PGY-1 must include at least four months in internal medicine, family medicine, and/or pediatrics. This training must be in a clinical setting that provides comprehensive and continuous patient care. No more than one month of this requirement may be fulfilled by an emergency medicine rotation, as long as the experience predominantly involves medical evaluation and treatment, rather than surgical procedure. Neurology rotations may NOT be used to fulfill this four-month requirement.

Canadian Training Programs

Physicians entering residency training in psychiatry (PGY-2) on or after July 1, 2001, may **apply** to the ABPN for examination ONLY if they:

1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada.

AND

2. Achieve certification by the Royal College of Physicians and Surgeons of Canada.

AND

3. Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training (PGY-2) in psychiatry prior to July 1, 2001, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2008 and should contact the Board office if they have any questions.

Other International Training

Physicians entering psychiatry residency training (PGY-2) on or after July 1, 1997, will not be granted credit for other international training. Physicians entering psychiatry residency training prior to July 1, 1997, may be granted credit for other international training ONLY if they:

1. Achieve a national certificate accepted by the ABPN by the year 2005. The only certificates accepted by the ABPN are

MRCPsych, FRANZCP, F.F. Psych (S.A.), and Israel's Specialty Certification of the Scientific Council of the Israel Medical Association. If a physician's training was not completed in its entirety (internship and residency training) in the country issuing the certificate, the physician must complete an additional year of approved primary care training in the United States.

AND

2. Initiate the ABPN certification process by the year 2007.

Physicians who entered residency training in the United Kingdom prior to July 1, 1986, should write to the Board office for training credit information.

E. Psychiatry Part I Examination Content

The Part I examination is scheduled for two three-and-one-half-hour sessions on the same day and is administered on computers at Pearson VUE testing centers. The Board advises applicants, in writing, of acceptance to the examination.

The psychiatry section of the examination will include questions in the following areas:

- Development through the life cycle
- Neuroscience
- Behavioral and social sciences
- Epidemiology and public policy
- Diagnostic procedures
- Psychiatric disorders
- Treatment of psychiatric disorders
- Special topics (suicide, dangerousness, emergency psychiatry, consultation-liaison psychiatry, ethics, and gender)

The neurology section of the examination will include questions in the following areas:

- Basic science aspects of neurologic disorders
- Incidence/risk of neurologic disorders
- Diagnostic procedures related to neurologic disorders
- Clinical evaluation of neurologic disorders/syndromes
- Management and treatment of neurologic disorders

Section V

Initial Certification in the Subspecialty of Addiction Psychiatry (no exam 2007)

A. History and Statement of Principles

The ABPN, in concurrence with the ABMS, established a Committee on Certification of Added Qualifications in Addiction Psychiatry in October 1991. This was done to officially establish the field of addiction psychiatry as a definite area of subspecialization in psychiatry and to provide a means of identifying properly trained and experienced addiction psychiatrists.

The actual mechanics of certification of qualified candidates have been delegated by the Board to the Committee, which operates under the supervision of and in accordance with the policies of the Board.

In February 1997, the Board, in agreement with the ABMS, discontinued using the term “Added Qualifications” for this certificate. The names of both the certificate and the Committee were changed at that time to “Certification in the Subspecialty of Addiction Psychiatry.”

B. Specific Training Requirements

Applicants for certification in addiction psychiatry must be certified by the Board in general psychiatry by **February 1** prior to the examination administration. All applicants other than those initially admitted during the “grandfathering period” are required to submit documentation of successful completion of one year of Accreditation Council for Graduate Medical Education (ACGME)-accredited fellowship training in addiction psychiatry that did not begin before the time general residency training in psychiatry, including time spent in combined training programs, was completed. The exposure to addiction psychiatry given to psychiatry residents as part of their basic psychiatry curriculum does not count toward the one year of training. All licensing and training requirements must be met by **June 30** of the year prior to the examination.

The required one year of specialized training in addiction psychiatry may be completed on a part-time basis as long as it is not less than half time; credit is not given for periods of training lasting less than one year except under special circumstances that must be approved by the ABPN Credentials Committee. In such cases, it is the responsibility of the applicant to provide detailed documentation from the respective train-

ing directors outlining training content, duties, and responsibilities. Each case is considered on an individual basis.

C. Examination Content

This 200-item, multiple-choice examination is administered by computer for four hours. Candidates are assessed in evaluation and consultation, pharmacotherapy, pharmacology of drugs, psychosocial treatment, and biological and behavioral basis of practice.

Section VI

Initial Certification in the Subspecialty of Child and Adolescent Psychiatry

A. History and Statement of Principals

The American Board of Psychiatry and Neurology, Inc., in concurrence with the Advisory Board for Medical Specialties, established a Committee on Certification in Child Psychiatry in February 1959. This was done to officially establish the field of child psychiatry as a definite area of subspecialization in psychiatry and to provide a means of identifying the properly trained and experienced child psychiatrist as distinguished from those who claim proficiency in this field without adequate background and qualifications. In November 1987, the name of the Committee was changed to the Committee on Certification in Child and Adolescent Psychiatry.

The actual mechanics of certification of qualified candidates and the establishment of basic policies have been delegated by the Board to the Committee, which operates under the supervision and in accordance with the policies of the Board. This Committee presently consists of six members certified in child and adolescent psychiatry by the Board, and one member certified by the American Board of Pediatrics. The Committee holds meetings each year for the purpose of examining candidates and transacting business.

B. Specific Training Requirements

Applicants for certification in child and adolescent psychiatry must be certified by the Board in general psychiatry by **February 1** prior to the examination administration. All child and adolescent psychiatry training must be completed in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Up to 12 of the 48 months of general psychiatry training may be spent in an ACGME-accredited child and adolescent psychiatry residency program.

Residents who entered child and adolescent psychiatry training on or after July 1, 1995, must complete a minimum of two full years of ACGME-accredited residency training in general psychiatry and two full years of ACGME-accredited residency training in child and adolescent psychiatry. These two years of child and adolescent psychiatry training may be initiated at any point after the first post-graduate year (PGY-1).

The exposure to child and adolescent psychiatry given to psychiatry residents as part of the general psychiatry curriculum does not count toward the two years of training. The two years of full-time, specialized training in child and adolescent psychiatry may be taken in no more than two blocks. If completed in two blocks, the blocks must not be more than five years apart.

Credit is not given for less than one-year blocks of training except under special circumstances which must be approved by the Credentials Committee. All program requirements for both general psychiatry and child and adolescent psychiatry must be satisfied.

Training programs at variance with the approved training patterns

A resident who contemplates training programs at variance with the approved training patterns is advised to have his or her program director submit a letter detailing the proposed training sequence to the Executive Vice President of the Board **before** beginning training in child and adolescent psychiatry. The committee provides an advisory opinion as to whether the proposed training is likely to meet the Board's requirements for admission to examination.

Training in two programs

The two years of full-time, specialized training in child and adolescent psychiatry may be taken in no more than two training programs, with a minimum of six months of training in one program and the remaining months of the two years in the other program.

If training in either program is less than one year in duration, the respective program directors should contact the Board office, in writing, prior to the transfer. The correspondence should include exact dates (from month/day/year to month/day/year); outline the resident's training content, duties, and responsibilities; and clearly indicate that the resident will satisfy all ACGME program requirements as outlined in the *Graduate Medical Education Directory*. Each case is considered on an individual basis.

If the Credentials Committee approves the training, the Board notifies the program directors. A copy of this letter should be given to the resi-

dent to submit with his or her Board application. Residents who have not received prior approval from the Board risk the possibility that the Board will deny their applications.

When training is completed in more than one program, the training director of the first program should send the training director of the second program a letter detailing the training satisfactorily completed and areas of training that are deficient. After reviewing this documentation, the training director of the second program should inform the resident whether or not the second program will be able to provide the resident with the experience necessary to remove the deficits.

Part-time training

Training may be completed in either (a) three years at two-thirds time or (b) two years at half time plus one year at full time. Residents who entered residency training in child and adolescent psychiatry on or after January 1, 1995, may also complete training in four years at halftime. No credit is given for training completed at less than halftime.

Credit for training in pediatric programs

No credit is granted toward child and adolescent psychiatry training for pediatric training which has been completed at residency level beyond the PGY-I or PL1 year for residents who began child and adolescent psychiatry training programs on or after July 1, 1995. Residents who began child and adolescent psychiatry training prior to July 1, 1995, may receive up to (but not more than) six months of child and adolescent psychiatry training credit for one year of pediatric training at the residency level (beyond the categorical PGY-I or PL1 year). The six months' credit may be granted if the director of the child and adolescent psychiatry training program recommends such credit and if the candidate completes a minimum of one year of training in that child and adolescent psychiatry program (in the event that training is split between two child and adolescent psychiatry training programs).

This recommendation should be set forth in a letter from the director of the child and adolescent psychiatry training program to the resident. It should specify:

- (a) the pediatric residency program in which the training was obtained,
- (b) the exact dates (from month/day/year to month/day/year) of the pediatric training for which child and adolescent psychiatry training credit is being granted, and
- (c) the number of months of credit being granted toward child and adolescent psychiatry training. A copy of this letter should be attached to the *Application for Initial Certification*.

C. Examination Content

This 200-item, multiple-choice examination is administered by computer for four hours. The computer examination focuses on the core knowledge in child and adolescent psychiatry, including theory, child and adolescent development, child and adolescent psychopathology, and consultation. Questions related to consultation address the principles of consulting and working appropriately with other professional disciplines. Familiarity with the types of community resources and issues of law and ethics may also be covered.

Section VII

Initial Certification in the Subspecialty of Clinical Neurophysiology

A. History and Statement of Principles

The ABPN, in concurrence with the ABMS, established a Committee on Certification of Added Qualifications in Clinical Neurophysiology in October 1990. This was done to officially establish the field of clinical neurophysiology as a definite area of subspecialization in neurology and psychiatry and to provide a means of identifying properly trained and experienced clinical neurophysiologists.

The actual mechanics of certification of qualified candidates have been delegated by the Board to the Committee, which operates under the supervision of and in accordance with the policies of the Board.

In February 1997, the Board, in agreement with the ABMS, discontinued using the term "Added Qualifications" for this certificate. The names of both the certificate and the Committee were changed at that time to "Certification in the Subspecialty of Clinical Neurophysiology."

B. Specific Training Requirements

Applicants for certification in clinical neurophysiology must be certified by the Board in neurology, neurology with special qualification in child neurology, or psychiatry, by **February 1** prior to the examination administration. All applicants other than those initially admitted during the "grandfathering period" are required to submit documentation of successful completion of one year of ACGME-accredited fellowship training in clinical neurophysiology that did not begin before the time general residency training (neurology, child neurology, or psychiatry), including time spent in combined training programs, was completed. All licensing and training requirements must be met by **June 30** of the year prior to the examination.

The required one year of specialized training in clinical neurophysiology may be completed on a part-time basis as long as it is not less than half time; credit is not given for periods of training lasting less than one year except under special circumstances that must be approved by the ABPN Credentials Committee. In such cases, it is the responsibility of the applicant to provide detailed documentation from the respective training directors, including the exact dates of training (month/day/year to month/day/year) and outlining training content, duties, and responsibilities. Each case is considered on an individual basis.

C. Examination Content

This 200-item, multiple-choice examination is administered by computer for five hours. Candidates are assessed in basic science (physiology and instrumentation), electroencephalography, electromyography, nerve conduction studies, and other areas of clinical neurophysiology.

Section VIII Initial Certification in the Subspecialty of Forensic Psychiatry

A. History and Statement of Principles

The ABPN, in concurrence with the ABMS, established a Committee on Certification of Added Qualifications in Forensic Psychiatry in November 1992. This was done to officially establish the field of forensic psychiatry as a definite area of subspecialization in psychiatry and to provide a means of identifying properly trained and experienced forensic psychiatrists.

The actual mechanics of certification of qualified candidates have been delegated by the Board to the Committee, which operates under the supervision of and in accordance with the policies of the Board.

In February 1997, the Board, in agreement with the ABMS, discontinued using the term "Added Qualifications" for this certificate. The names of both the certificate and the Committee were changed at that time to "Certification in the Subspecialty of Forensic Psychiatry."

B. Specific Training Requirements

Applicants for certification in forensic psychiatry must be certified by the Board in general psychiatry by **February 1** prior to the examination administration. All applicants other than those initially admitted during the "grandfathering period" are required to submit documentation of successful completion of one year of ACGME-accredited fellowship

training in forensic psychiatry that did not begin before the time general residency training in psychiatry, including time spent in combined training programs, was completed. The exposure to forensic psychiatry given to psychiatry residents as part of their basic psychiatry curriculum does not count toward the one year of training. All licensing and training requirements must be met by **June 30** of the year prior to the examination.

The required one year of specialized training in forensic psychiatry may be completed on a part-time basis as long as it is not less than half time; credit is not given for periods of training lasting less than one year except under special circumstances that must be approved by the ABPN Credentials Committee. In such cases, it is the responsibility of the applicant to provide detailed documentation from the respective training directors including the exact dates of training (month/day/year to month/day/year) and outlining training content, duties, and responsibilities. Each case is considered on an individual basis.

C. Examination Content

This 200-item, multiple-choice examination is administered by computer for four hours. Candidates are assessed in legal regulation of psychiatry, civil law, criminal law, corrections and correctional healthcare, legal systems and basic law, children and families, special diagnostic and treatment issues, special procedures in forensic psychiatry, special consultations and investigations, risk assessment (including violence, dangerousness, criminology, suicide, and psychiatric autopsy), and forensic psychiatry practice issues.

Section IX

Initial Certification in the Subspecialty of Geriatric Psychiatry (no exam 2007)

A. History and Statement of Principles

The ABPN, in concurrence with the ABMS, established a Committee on Certification of Added Qualifications in Geriatric Psychiatry in November 1989. This was done to officially establish the field of geriatric psychiatry as a definite area of subspecialization in psychiatry and to provide a means of identifying properly trained and experienced geriatric psychiatrists.

The actual mechanics of certification of qualified candidates have been delegated by the Board to the Committee, which operates under the supervision of and in accordance with the policies of the Board.

In February 1997, the Board, in agreement with the ABMS, discontinued using the term “Added Qualifications” for this certificate. The names of both the certificate and the Committee were changed at that time to “Certification in the Subspecialty of Geriatric Psychiatry.”

B. Specific Training Requirements

Applicants for certification in geriatric psychiatry must be certified by the Board in general psychiatry by **February 1** prior to the examination administration. All applicants other than those initially admitted during the “grandfathering period” are required to submit documentation of successful completion of one year of ACGME-accredited fellowship training in geriatric psychiatry that did not begin before the time general residency training in psychiatry, including time spent in combined training programs, was completed. The exposure to geriatric psychiatry given to psychiatry residents as part of their basic psychiatry curriculum does not count toward the one year of training. All licensing and training requirements must be met by **June 30** of the year prior to the examination.

The required one year of specialized training in geriatric psychiatry may be completed on a part-time basis as long as it is not less than half time; credit is not given for periods of training lasting less than one year except under special circumstances that must be approved by the ABPN Credentials Committee. In such cases, it is the responsibility of the applicant to provide detailed documentation from the respective training directors including the exact dates (month/day/year to month/day/year) and outlining training content, duties, and responsibilities. Each case is considered on an individual basis.

C. Examination Content

This 200-item, multiple-choice examination is administered by computer for four hours. Candidates are assessed in developmental, psychological, social, and biologic aspects of aging; psychopathology and psychiatric diagnosis; diagnostic methods; treatment; neuropsychiatric and neurologic aspects of aging; and the general medicine/psychiatry interface.

Section X

Initial Certification in the Subspecialty of Pain Medicine

A. Definition, History and Statement of Principles

Pain medicine is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary subspecialty.

The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is influenced heavily by the primary specialty of physicians who subspecialize in pain medicine, each member of the pain treatment team understands the anatomic and physiologic basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of pain medicine.

In March 1998, the American Board of Psychiatry and Neurology, Inc., (ABPN) and the American Board of Physical Medicine and Rehabilitation (ABPMR) joined the American Board of Anesthesiology (ABA) in recognition of pain medicine as an interdisciplinary subspecialty. The respective Boards have agreed on a single standard of certification.

B. Computer-administered Examination Process

The ABA will administer a computer-based examination covering the various content areas of pain medicine. Diplomates from the ABPN, as well as diplomates from other American Board of Medical Specialties (ABMS) member boards who have appropriate training in pain medicine, may apply to the ABPN for admission to the certifying process.

Diplomates of the ABA and the ABPMR are required to apply for certification through their respective Boards.

The examination in pain medicine has been administered annually beginning in the year 2000. Approximately two months before the examination date, the **ABA** will mail a notice to all accepted candidates describing registration procedures and deadlines.

At the examination, candidates will be required to present the registration letter from the ABA along with government-issued identification that includes both a photograph and a signature. Notes, textbooks, other reference materials, scratch paper, and/or electronic devices may NOT be taken into the examination room. Telephone calls may NOT be made during the examination.

Once an applicant has been accepted for examination, the candidate must pass the examination within three (3) opportunities. The ABPN, at its discretion, may excuse the candidate from, at most, one examination without forfeiture of an opportunity.. If a candidate fails to satisfy the examination requirement in the prescribed number of opportunities or time period, for whatever reason, and reapplies, the candidate must have completed 12 months of ACGME-accredited training in pain medicine to qualify for the examination.

C. Specific Training Requirements

All candidates applying or reapplying for certification in pain medicine must complete 12 months of ACGME-accredited training in pain medicine. Training must be completed by June 30 of the year of the examination.

The required one year of specialized training in pain medicine may be completed on a part-time basis as long as it is not less than half time; credit is not given for periods of training lasting less than one year except under special circumstances that must be approved by the ABPN Credentials Committee. In such cases, it is the responsibility of the applicant to provide detailed documentation from the respective training directors including the exact dates (month/day/year to month/day/year) and outlining training content, duties, and responsibilities. Each case is considered on an individual basis.

D. Examination Content

The examination in pain medicine is designed to test for knowledge that is considered essential for the subspecialist in pain medicine. The examination analyzes the cognitive and deductive skills as well as the clinical judgment of the candidates. Test items address, but are not limited to, chronic pain, acute pain, cancer pain, anesthesia, psychiatry, neurology, physical medicine and rehabilitation, neurosurgery, pediatrics, ethics, and decision-making. The examination is four hours in length and is preceded by a 30-minute tutorial regarding the use of the computer testing system.

E. Negative Determination and Reexamination

A failing grade on the examination is considered a negative determination. A candidate who receives a negative determination on the first examination for which he or she was accepted will have two additional opportunities to pay a reexamination fee and repeat the examination. All additional opportunities must be used within the prescribed period for which the application is active. The ABPN may, at its discretion, excuse a candidate from at most one pain medicine examination without forfeiture of an opportunity.

Section XI

Initial Certification in the Subspecialty of Psychosomatic Medicine (no exam 2007)

A. History and Statement of Principles

The ABPN, in concurrence with the ABMS, established a Committee on Certification in the Subspecialty of Psychosomatic Medicine in 2003. This was done to officially establish the field of psychosomatic medicine as a definite area of subspecialization in psychiatry and to provide a means of identifying properly trained and experienced psychosomatic medicine subspecialists.

The actual mechanics of certification of qualified candidates have been delegated by the Board to the Committee, which operates under the supervision of and in accordance with the policies of the Board.

B. Specific Requirements During the “Grandfathering Period” (Through 2009)

Applicants for certification in psychosomatic medicine must be certified by the Board in general psychiatry by **February 1** prior to the examination administration.

Applicants may qualify for examination by submitting documentation of successful completion of one year of ACGME-accredited fellowship training in psychosomatic medicine that did not begin before the time general residency training in psychiatry, including time spent in combined training programs, was completed. The exposure to psychosomatic medicine given to psychiatry residents as part of their basic psychiatry curriculum does not count toward the one year of training. All licensing and training requirements must be met by **June 30** of the year prior to the examination.

During the “grandfathering period,” as an alternative to one year of ACGME-accredited fellowship training in psychosomatic medicine, applicants may qualify by submitting documentation of one of the following two sets of temporary criteria:

1. Satisfactory completion of 12 months of fellowship training in psychosomatic medicine (consultation/liaison psychiatry) that did not begin before the time general residency training in psychiatry, including time spent in combined training programs, was completed. The exposure to psychosomatic medicine given to psychiatry residents as part of their basic

psychiatry curriculum does not count toward the one year of training.

2. A minimum of 25% of practice time devoted to psychosomatic medicine (consultation/liaison psychiatry) for a minimum of two years.

The specialized training in psychosomatic medicine may be completed on a part-time basis as long as it is not less than half time; credit is not given for periods of training lasting less than one year except under special circumstances that must be approved by the ABPN Credentials Committee. In such cases, it is the responsibility of the applicant to provide detailed documentation from the respective training directors including exact dates (month/day/year to month/day/year) and outlining training content, duties, and responsibilities. Each case is considered on an individual basis.

C. Specific Training Requirements After 2009

Applicants for certification in psychosomatic medicine must be certified by the Board in general psychiatry by **February 1** prior to the examination administration. After the 2009 examination, all applicants other than those initially approved during the “grandfathering period” are required to submit documentation of successful completion of one year of ACGME-accredited fellowship training in psychosomatic medicine that did not begin before the time general residency training in psychiatry, including time spent in combined training programs, was completed. The exposure to psychosomatic medicine given to psychiatry residents as part of their basic psychiatry curriculum does not count toward the one year of training. All licensing and training requirements must be met by **June 30** of the year prior to the examination.

The required one year of specialized training in psychosomatic medicine may be completed on a part-time basis as long as it is not less than half time; credit is not given for periods of training lasting less than one year except under special circumstances that must be approved by the ABPN Credentials Committee. In such cases, it is the responsibility of the applicant to provide detailed documentation from the respective training directors including exact dates (month/day/year to month/day/year) and outlining training content, duties, and responsibilities. Each case is considered on an individual basis.

D. Examination Content

This 200-item, multiple-choice examination is administered by computer for four hours. Candidates are assessed in evaluation and management, symptoms and behaviors, and treatment for each of the following

areas: heart, pulmonary, GI disease, renal, endocrine, oncology, rheumatology, ID & CFS, HIV/AIDS, dermatology, surgery, transplant, neurology, OB-gyn, pediatrics, PM&R, pain, palliative, legal/ethics.

Section XII

Initial Certification in the Subspecialty of Sleep Medicine

A. History and Statement of Principles

The Sleep Medicine Certification Program, developed by the American Board of Internal Medicine (ABIM), the American Board of Pediatrics (ABP), the American Board of Psychiatry and Neurology (ABPN), and the American Board of Otolaryngology (ABOto) for diplomates in internal medicine, pediatrics, psychiatry and neurology, and otolaryngology is designed to recognize excellence among physicians who are specialists in the care of patients with sleep problems and specific sleep disorders. Sleep medicine encompasses a multidisciplinary body of knowledge regarding the anatomy, physiology, biochemistry, pathophysiology, and pharmacology of sleep and wakefulness, and their disorders.

B. Specific Training Requirements / Practice Pathway

Credentialing requirements and training pathways have not yet been officially approved for ABPN diplomates seeking initial certification in the subspecialty of Sleep Medicine. Please look for updated information regarding requirements, and applications on our web site at:

www.abpn.com

C. Examination Content

Examination content is not available at this time. Please check our web site for updated information regarding this new subspecialty.

www.abpn.com

Section XIII

Special Programs

A. Supplementary Certification

Candidates may apply for certification in another specialty. A candidate may have more than one application on file with the Board if the applications are for certification in different specialties or subspecialties.

Candidates completing training both in psychiatry and in neurology or child neurology may apply to sit for both Part I examinations during the same administration. Candidates who intend to follow this examination pattern should contact the Board office for further information.

1. **Dual certification in psychiatry and in neurology**

Unless otherwise specified, all training must be completed in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants seeking certification both in psychiatry and neurology who began residency training prior to January 1, 1988, should contact the Board office for requirements. Applicants seeking certification both in psychiatry and neurology who began residency training on or after January 1, 1988, must have completed one of the following training tracks:

a) ABPN-approved combined psychiatry/neurology training program (recommended)

A PGY-1 that meets the requirements for entry into a *neurology* program.*

AND

Five years of residency training in an ABPN-approved combined psychiatry/neurology training program.

OR

b) Individual psychiatry and neurology programs

A PGY-1 that meets the requirements for entry into a *neurology* program.*

AND

Six full years of postgraduate residency training in ACGME-accredited programs including three full years in psychiatry and three full years in neurology.

OR

c) Non-ABPN-approved combined training programs

A PGY-1 that meets the requirements for entry into a *neurology program*.*

AND

At the discretion and approval of both training directors, and in accordance with Residency Review Committee requirements, applicants may complete five full years of postgraduate training in ACGME-accredited programs including two full years of residency training in psychiatry in a single program, two full years of residency training in neurology in a single program, and a full year that is jointly sponsored and coordinated by the psychiatry and neurology training directors to allow the resident to successfully complete all of the requirements for an approved residency program in psychiatry and an approved residency program in neurology. The five years of residency training usually are taken at one institution but may be taken at no more than two institutions. An application for examination may be submitted after completion of the PGY-1, the two full years of residency training in one specialty, and the full year of jointly sponsored residency training.

For residents entering combined psychiatry and neurology residency training on or after July 1, 1999:

Program directors must contact the Board office for a copy of the combined psychiatry/neurology guidelines and must submit to the Board for review, **no later than the beginning of the PGY-3**, a proposal for a resident to train in psychiatry and neurology that conforms to these guidelines.

**A full year of ACGME-accredited training in internal medicine, or as an acceptable alternative, a full year in an ACGME-accredited program in which a minimum of six months of training must be in internal medicine, the details of which must be documented by the training director. The composition of these six months may NOT include rotations in neurology, family medicine, or emergency medicine. To ensure that these six months constitute a high-quality experience, they should emphasize progressive responsibility for the resident. At least two of the additional six months must be spent in internal medicine, pediatrics, and/or emergency medicine. For candidates entering neurology residency training on or after July 1, 2001, at least two of the additional six months must be spent in internal medicine, pediatrics, family medicine, and/or emergency medicine. No more than two of the remaining four months may be spent in neurology.*

2. Dual certification in child and adolescent psychiatry and in neurology with special qualification in child neurology

An applicant who wishes to obtain certificates both in child and adolescent psychiatry and in neurology with special qualification in child neurology must meet the following requirements:

- Certification by the Board in the specialty of general psychiatry prior to applying for examination in child and adolescent psychiatry (A minimum of two years of approved residency training in general psychiatry is required).

AND

- Completion of the requirements for certification in child and adolescent psychiatry

AND

- Completion of the requirements for certification in neurology with special qualification in child neurology

(See the *Information for Applicants for Initial Certification in Neurology, Neurology with Special Qualification in Child Neurology, and Subspecialties* publication.)

B. Joint Training in Pediatrics/Psychiatry/Child and Adolescent Psychiatry

The American Board of Pediatrics, the American Board of Psychiatry and Neurology, Inc., and the Committee on Certification in Child and Adolescent Psychiatry of the ABPN have approved programs for combined pediatrics/psychiatry/child and adolescent psychiatry residency training. This training consists of 24 months of pediatrics, 18 months of psychiatry, and 18 months of child and adolescent psychiatry.

Completion of the program will satisfy the training requirements for certification in all three areas. Physicians pursuing training in these programs may not apply for examination until all training has been completed.

C. Combined Training Leading to Certification by Two Boards

Board-approved combined/joint training programs are listed in the *Graduate Medical Education Directory*. The Board currently has the following two programs for psychiatry:

- 1. Dual certification in psychiatry/family medicine**
The American Board of Family Medicine and the American Board of Psychiatry and Neurology, Inc., have approved programs for combined psychiatry/family medicine residency training. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/family medicine training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in psychiatry. In addition, the program requirements for psychiatry as defined in the *Graduate Medical Education Directory* must be satisfied.
- 2. Dual certification in psychiatry/internal medicine**
The American Board of Internal Medicine and the American Board of Psychiatry and Neurology, Inc., have approved programs for combined psychiatry/internal medicine residency training. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/internal medicine training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in psychiatry. In addition, the program requirements for psychiatry as defined in the *Graduate Medical Education Directory* must be satisfied.



American
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